

**UNITED STATES GOVERNMENT
BEFORE THE NATIONAL LABOR RELATIONS BOARD
REGION 13**

MEDICAL EXPRESS AMBULANCE SERVICE, INC.

Employer

and

Case 13-RC-21529

**INTERNATIONAL ASSOCIATION OF EMTS AND
PARAMEDICS, SEIU/NAGE**

Petitioner

DECISION AND DIRECTION OF ELECTION

Upon a petition duly filed under Section 9(c) of the National Labor Relations Act, as amended, a hearing on this petition was held on before a hearing officer of the National Labor Relations Board, herein referred to as the Board, to determine whether it is appropriate to conduct an election in light of the issues raised by the parties.¹

I. Issues

The International Association of EMTs and Paramedics, SEIU/NAGE (herein “Petitioner”) seeks to represent a unit comprised of emergency medical technicians (“EMTs”), EMT-paramedics (“paramedics”), and medicar drivers, and excluding, *inter alia*, all dispatchers. Medical Express Ambulance Service, Inc. (herein “Employer”) asserts that the medicar drivers should be excluded from the petitioned-for unit because they do not share a community of interest with the EMTs and paramedics. Further, the Employer asserts that the EMT and paramedic dispatchers share such an overwhelming community of interest with the EMTs and paramedics that they must be included in any directed unit. The parties stipulated that the one medicar dispatcher should be excluded from whatever unit is found appropriate herein.

¹ Upon the entire record in this proceeding, the undersigned finds:

- a. The hearing officer's rulings made at the hearing are free from prejudicial error and are hereby affirmed.
- b. The Employer is engaged in commerce within the meaning of the Act and it will effectuate the purposes of the Act to assert jurisdiction herein.
- c. The labor organization involved claims to represent certain employees of the Employer.
- d. A question affecting commerce exists concerning the representation of certain employees of the Employer within the meaning of Section 9(c)(1) and Sections 2(6) and (7) of the Act.

II. Decision

Based on the entire record of this proceeding and for the reasons set forth below, I find that, under the empirical community of interest test used in nonacute health care institutions, the EMT and paramedic dispatchers and call takers², as well as the medicar drivers and the medicar dispatcher³, must be included in the unit directed herein. In addition, the mechanics may vote under challenge⁴.

Accordingly, IT IS HEREBY ORDERED that an election be conducted under the direction of the Regional Director for Region 13 in the following bargaining unit:

All full-time and regular part-time EMTs, EMT-Paramedics, Medicar drivers, EMT and EMT-Paramedic dispatchers, EMT and EMT-Paramedic call takers, and Medicar dispatcher employed by the Employer at its facility currently located at 5650 West Howard, Skokie, Illinois; but excluding all other employees including billing employees, managers, office clerical employees and guards, professional employees and supervisors as defined in the Act.

III. Statement of Facts

A. Employer's Operations and Organizational Structure

The Employer provides ambulance and medicar transportation for ill, injured and/or wheelchair bound individuals on the north side of Chicago, Illinois. The Employer began its operations in 1998 by providing ambulance transportation, which is the medical transport of ill and injured persons to and from health care facilities⁵. In 1999, the Employer began to also provide medicar transportation, which is non-medical transport for wheelchair-bound individuals, usually to and from a nursing home and a doctor's appointment.

² As will be discussed in detail below, although neither party raised the inclusion or exclusion of the classification of EMT and paramedic call takers, I find that these call takers are extremely similar to and integrated with the EMT and paramedic dispatchers. Therefore, since I have included the EMT and paramedic dispatchers, I also include the EMT and paramedic call takers.

³ I note that a stipulation between parties can be set aside when said stipulation contravenes Board policy. See *Cruis Along Boats*, 128 NLRB 1019 (1960). I also note that if the party's agreement on inclusion or exclusion is inappropriate, the Board has the discretion to select an appropriate unit that is different for the alternative proposals of the parties. See *NLRB v. Lake County Assn. for the Retarded*, 128 NLRB 1181 (7th Cir. 1997). In the instant case, the parties' agreement to exclude the medicar dispatcher is contrary to the Board's policy to group together in one unit classifications of employees with a community of interests. As will be discussed infra, the medicar dispatcher in this case shares a significant community of interest with the EMTs, paramedics, medicar drivers and EMT and paramedic dispatchers and call takers such that it would contravene Board policy to summarily exclude the medicar dispatcher from the bargaining unit.

⁴ Since the directed unit comprises an overall unit of the Employer's non-office clerical employees, the two mechanics (whose eligibility was not addressed by the parties on the record or on briefs) might constitute a residual unit. In fashioning larger or overall units, the Board is reluctant to leave a residual unit where the employees could be included in the larger group. *Huckleberry Youth Programs*, 326 NLRB 1272 (1998). However, in the instant case, since the record does not establish with certainty whether the two mechanics are in fact the only employees who would comprise a residual unit, I will permit the mechanics to vote under challenge.

⁵ The record evidence shows that 99% of the Employer's ambulance pick-ups are at hospitals and nursing homes rather than at individuals' homes or off the street.

The Employer operates 33 ambulances, of which there are two classifications: Basic Life Support and Advanced Life Support. The basic life support ambulances include such items as basic bandaging and splinting equipment, backboards, and oxygen masks. The advanced life support ambulances include all the equipment found on the basic life support ambulances plus cardiac monitoring equipment, advanced airway equipment, a drug box with 25-30 medications, and telemetry equipment allowing the transmission of information from the ambulance to the receiving hospital. In addition, the Employer owns and operates two types of ambulance vehicles: boxes and van ambulances. The box ambulances are larger and generally are used by the Employer for advanced life support. The van ambulances are smaller and generally are used by the Employer for basic life support. All ambulances have flashing lights and sirens. The Employer is licensed as an ambulance provider by the State of Illinois, and each ambulance is individually licensed through the Illinois Department of Public Health. On a daily basis, the Employer has 24-27 of its ambulances out on the street, responding to approximately 150 calls per day.

The Employer operates 13 medicar vans. The medicar vans are window cargo vans that have wheelchair lifts installed in the back or side of the vehicle. In each medicar van, there is wheelchair tiedown hardware (straps and buckles) to secure the wheelchair inside the van. The medicar vans do not have flashing lights or sirens. The Employer's customers that use the medicar vans are hospitals and nursing homes. Hospital calls for a medicar van are usually to transport a discharged patient to his/her home or to a nursing home. Nursing home calls for a medicar van are usually to transport a patient to a doctor's appointment and back. The Employer's medicar vans are licensed through the Illinois Secretary of State.

Lauren Robinson is the President of the Employer. Robert Esmond is the Director of Patient Accounts. In this capacity, Esmond is responsible for collecting the fees for patient transports in the ambulances and medicar vans. Thirteen employees in the billing department report to Esmond. Cathy Aitken is the Employer's Human Resources Director. Esmond testified that Aitken does about 90% of the hiring for the Employer on her own; the other 10% of the time, he and President Robinson are also involved in the hiring decisions. Jeff Dastlak is the Operations Director⁶. Esmond testified that Dastlak is responsible for the day-to-day functions of the ambulances and the medicar vans, and that he provides daily supervision of the EMTs, paramedics and medicar drivers. Two Operations Supervisors, John Rich and Lisette Merrera, assist Dastlak in his supervision of the EMTs, paramedics and medicar drivers. Rich works the day shift (which is typically 3:45 a.m. to 1:00 p.m.) and Merrera works the night shift (which is typically 3:30 p.m. to 1:00 a.m.). All EMTs, paramedics and medicar drivers report to either Rich or Merrera and to Dastlak. Jim Witteman, Director of Education, provides training for all EMTs, paramedics and medicar drivers and performs orientation training for all new employees. In addition, the Employer maintains a Dispatch Supervisor position. However, Esmond testified that this position has been vacant since July 2006. Esmond testified that the dispatchers (ambulance and medicar) ultimately report to President Robinson.

⁶ Esmond testified that Dastlak has only been the Operations Director for about 2 days. Prior to Dastlak, Jim Witteman, who is currently the Director of Education, held the position for 5-6 years.

The Employer's facility in Skokie, Illinois houses three large bay (garage) areas for the ambulances and medicar vans. Two bay areas are reserved for the ambulances; the third bay area is reserved for the medicar vans. There is also a service bay, where two mechanics employed by the Employer perform preventative maintenance work and repairs on the ambulances and the medicar vans. There is a crew break area at the intersection of the bay areas for the use of the EMTs, paramedics and medicar drivers⁷. There is also a separate administrative break area for office personnel. In the office, there is a dispatch facility, which is a room with six work stations. On the right side of the room, the ambulance dispatchers assign calls to the EMT and paramedic crews. On the left side of the room, the medicar dispatcher assigns calls to the medicar van drivers. In the center of the room, there are call takers, who receive the calls for transport from hospitals, nursing homes, etc. and who code the calls according to the level of emergency. The call takers then feed the calls to the dispatchers, who assign the vehicles to respond to the calls. The dispatch area is key fobbed and access is limited to the office personnel (which would of course include the dispatchers and call takers, but would exclude the EMTs, paramedics, and medicar drivers). Though they are excluded from the dispatch area, the EMTs, paramedics and medicar drivers all have the same access to the other parts of the Employer's facility.

There are 144 EMTs, 91 paramedics, 16 medicar drivers, 6 EMT and paramedic dispatchers, 4 EMT and paramedic call takers⁸, 1 medicar dispatcher, and 2 mechanics employed by the Employer.

The Employer operates its ambulance services pursuant to the Illinois Emergency Medical Services Act ("EMS Act"). Under the EMS Act, hospitals are designated throughout Illinois as resource hospitals for ambulance services. The Employer's designated resource hospital is Illinois Masonic Hospital. The Medical Director of Illinois Masonic Hospital, Dr. Max Konigsberg, prepares and signs off on standing medical orders for the EMTs and for the paramedics. The standing orders outline courses of treatment which the EMTs and paramedics must administer in certain medical situations (i.e. how to deal with respiratory distress, cardiac arrest, burns). The Employer's EMTs and paramedics then function out in the field under Dr. Konigsberg's medical license, as is required by the state. Under state law, one must be an EMT or a paramedic to operate an ambulance. Therefore, the Employer maintains malpractice insurance for its EMTs and paramedics. The Employer does not maintain malpractice insurance for the medicar drivers.

B. The Employee Classifications

EMTs transport by ambulance ill or injured patients at the basic life support level. They do not perform invasive procedures. Rather, EMTs perform such functions as basic bandaging, controlling bleeding, and administering oxygen. EMTs do not administer medication or run intravenous lines, but they may assist patients in taking their own medication. EMTs are licensed by the Illinois Department of Public Health. They must take course which is 120 hours of classroom time and 15 hours of clinical time. The EMTs must then pass both a practical and a written exam administered by the state. The EMT license is valid for four years, during which

⁷ The record does not establish whether the crew break area is also used by the Employer's two mechanics.

⁸ One of the six dispatchers, Diana _____, also performs as a call taker. She has not been counted twice herein.

time continuing education courses are required (such as CPR, trauma, medical emergencies). Esmond testified that EMTs who apply for positions at the Employer either already have their EMT licenses or have taken the EMT exams and are awaiting their test results. The Employer's EMTs receive an hourly wage⁹ plus a \$2.00 call bonus for every call they complete (which entails picking up a patient at one facility and dropping him/her off at another facility). In addition, those EMTs who provide in-the-field training for EMT candidates are paid an additional \$.75 per hour¹⁰.

Paramedics transport by ambulance ill or injured patients at the advanced life support level. They perform invasive procedures, such as starting intravenous lines, inserting airways and even ventilating patients. Like EMTs, paramedics are licensed by the Illinois Department of Public Health. All paramedics are first required to possess an EMT license. In addition, paramedics must take a course which is 900-1000 hours of classroom time, 120-160 hours of clinical time, and intern time in the field. As with the EMTs, paramedics must then pass both a practical and a written exam administered by the state. The paramedic license is valid for four years, during which time continuing education courses are required. The Employer's paramedics receive an hourly wage¹¹ plus a \$4.00 call bonus for every call they complete. Paramedics who have specialized ventilator training receive \$20 extra per ventilator transport. In addition, those paramedics who provide in-the-field intern training for paramedic candidates are paid an additional \$.75 per hour.

On a daily basis, EMTs and paramedics report to the Operations Room, where they get their keys, fuel card and radio. If they are driving an advanced life support ambulance, they will also receive a cardiac monitor and narcotics for the ambulance. Once the EMTs and paramedics (who work from the ambulances in pairs¹²) go to their ambulances, and if a call has not come in at that time, they will be dispatched to a certain location to wait for future calls (i.e. a team may be dispatched to drive the ambulance over to Illinois Masonic Hospital to wait for a call at that location). The Employer operates its ambulances 24 hours per day, 7 days per week. Peak hours are Mondays through Fridays from Noon through 5:00 p.m. The EMTs and paramedics typically work 12-hour shifts. Esmond testified that, of the approximate 150 ambulance calls per day, 120 are unscheduled. Only about 30 calls are scheduled (i.e. ambulance transport to and from radiation or dialysis appointments). Esmond testified that the paramedics' schedules are fairly set, while the EMTs' schedules vary because they are more often in school to become paramedics. For each transport, EMTs and paramedics complete a variety of paperwork, including a patient care report and a physician certification statement. Esmond testified that it is possible that EMTs who are awaiting licensure may occasionally drive a medicar van in order to take care of a wheelchair call. None of the Employer's EMTs or paramedics has ever transferred to medicar driver positions.

⁹ The hourly wage rate for the Employer's EMTs was not established on the record.

¹⁰ There is also a special EMT crew that works solely out of Children's Memorial Hospital in Chicago. This EMT crew receives \$.75 per hour extra pay.

¹¹ The hourly wage rate for the Employer's paramedics was not established on the record.

¹² The record is not completely clear on the issue, but it appears from the record testimony that paramedics are paired together and that EMTs are paired together.

Medicar drivers¹³ transport by medicar van wheelchair-bound individuals to and from hospitals, nursing homes and doctors' offices. Medicar drivers are required to possess a State of Illinois driver's license. A commercial driver's license is not required. There are no set educational requirements for the medicar drivers, although Esmond testified that the Employer provides them with one day of wheelchair lift training. The medicar drivers work alone, with one driver per van. On a daily basis, medicar drivers report to the Operations Room (the same room to which the EMTs and paramedics report), where they get their keys, fuel card, radio and daily schedule. Esmond testified that most of the medicar drivers' calls are pre-scheduled. The Employer operates ten of its thirteen medicar vans Mondays through Fridays from 6:00 a.m. to midnight and two medicar vans on Saturdays. Typical work schedules for medicar drivers are from 6 a.m. to 2 p.m. and from 2 p.m. to 8:00 or 9:00 p.m. For each transport, the medicar drivers complete a billing slip, which is routed to the Employer's billing department. No other records are generated or maintained by the medicar drivers. Medicar drivers are forbidden by state law from participating in an ambulance call. Esmond testified that while no medicar drivers have transferred to EMT or paramedic positions, EMTs or paramedics do sometimes drive a medicar van to do a wheelchair transport while they are awaiting licensure.

The ambulance dispatchers and call takers employed by the Employer must be currently certified as EMTs or paramedics, or have previously held licenses as EMTs or paramedics. Esmond testified that none of the Employer's dispatchers hold current EMT or paramedic licenses. In addition, the ambulance dispatchers and call takers must be Emergency Medical Dispatcher ("EMD") certified, which is accomplished by taking a 40-hour course through the National Association of Emergency Medical Dispatchers. The Employer staffs two to three of its call takers 24 hours per day, seven days per week¹⁴. A call taker will receive a call and decide what level of care and emergency are warranted. After the call taker feeds this information into a computer, the dispatcher determines which ambulance unit to send out on the call. Two of the ambulance dispatchers also serve as schedulers for the ambulance crews -- one dispatcher maintains the schedules for the EMTs and one dispatcher maintains the schedules for the paramedics. Esmond testified that call takers and dispatchers go out on ambulance runs with an EMT or paramedic a few times per week, but they do not operate the medicar vans. Dispatchers and call takers are paid hourly¹⁵.

The one medicar dispatcher, Julio Burgess, schedules and dispatches the Employer's medicar vans. Burgess fields the phone calls that come in for wheelchair transport, and he informs the drivers of their calls. Burgess does not dispatch any EMTs or paramedics. He has no EMS training. He does not participate in any ambulance runs. Burgess shares the same office with the ambulance dispatchers and call takers, uses the same equipment, and wears the same uniform.

¹³ The medicar drivers receive an hourly wage, but that wage rate was not established on the record.

¹⁴ The record does not reflect how many dispatchers work at a given time or for how many hours at a time.

¹⁵ Wage rates for dispatchers and call takers were not established on the record.

IV. Analysis

The Board has approved a Regional Director's finding that an ambulance service is a health care institution under Section 2(14) of the National Labor Relations Act. *Lifeline Mobile Medics, Inc.*, 308 NLRB 1068 (1992). In *Park Manor Care Center*, 305 NLRB 872 (1991), the Board found that the appropriate test for determining the appropriate unit in a nonacute care health care institution is an empirical community of interest test. Under that test, the Board considers community of interest factors, as well as those factors considered relevant by the Board in its rulemaking proceedings on Collective Bargaining Units in the Health Care Industry, 284 NLRB 1528 (1988) and 284 NLRB 1580 (1989).

A. EMT and Paramedic Dispatchers and Call Takers

In the instant case, as in *Lifeline Mobile Medics*, supra, the EMT and paramedic dispatchers and call takers are thoroughly functionally integrated with the EMTs and paramedics. The calls for medical assistance begin with the call takers, are routed to the dispatchers, and are assigned to the EMT and paramedic crews. The EMTs and paramedics cannot complete their daily assignments without the active involvement of the dispatchers and call takers. Moreover, the dispatchers and call takers share common skills, abilities and educational background with the EMTs and paramedics. The record evidence shows that the dispatchers and call takers must have at one time possessed EMT licenses and functioned as EMTs and that these dispatchers and call takers regularly ride with EMT and/or paramedics. The EMT, paramedic, and EMT and paramedic dispatcher and call taker positions are all 24 hours per day, 7 days per week. As in *Lifeline Mobile Medics*, “[i]t is apparent that the nature of the dispatching task is intimately related to, and in some respects a part of, the EMTs duties.” *Lifeline Mobile Medics*, supra at 1069. Therefore, based on the integrated nature of the work, high degree of contact, and similar skills and abilities¹⁶, I find that the EMT and paramedic dispatchers and call takers must be included in the bargaining unit.

B. Medicar Drivers and Medicar Dispatcher

There is nothing in the Act that requires the unit for bargaining be the only appropriate unit or the most appropriate unit – the Act only requires that the unit for bargaining be “appropriate” so as to assure employees the fullest freedom in exercising the rights guaranteed by the Act. *Overnite Transportation Co.* 322 NLRB 723 (1996); *Brand Precision Services*, 313 NLRB 657 (1994); *Phoenix Resort Corp.*, 308 NLRB 826 (1992). Moreover, the Board's procedure for determining an appropriate unit under Section 9(b) is to examine first the petitioned-for unit. If that unit is appropriate, then the inquiry into the appropriate unit ends. *Boeing Co.*, 337 NLRB 152 (2001). The burden is on the party challenging the unit to show that the petitioned-for bargaining unit is inappropriate; if the unit sought by the petitioning labor organization is appropriate, the inquiry ends. *P.J. Dick Contracting, Inc.*, 290 NLRB 150, 151 (1988). Thus, in the instant matter, the burden is on the Employer to demonstrate that it would be inappropriate to include the medicar drivers and the medicar dispatcher in the bargaining unit.

¹⁶ I note that the EMT and paramedic dispatchers and call takers have separate immediate supervision. However, as in *Lifeline Mobile Medics*, supra, I find that the other factors enumerated above outweigh this one factor.

Based on the totality of the record evidence, I find that the Employer has not met its burden to demonstrate that the medicar drivers and medicar dispatcher should not be included in the directed unit herein. The Employer asserts that the medicar drivers engage in different processes than the EMTs, paramedics and EMT and paramedic dispatchers and call takers. However, the Board has long held that the fact that two or more groups of employees engage in a different process does not by itself render a combined unit inappropriate if there is a sufficient community of interest among all these employees. See, i.e. *Berea Publishing Co.*, 140 NLRB 516 (1963). The medicar drivers report to the same front line supervisors as the EMTs and paramedics (Dastlak, Rich and Merrera). They all receive orientation training from Dastlak. They all report to the same Operations Room on a daily basis and receive much of the same equipment for their vehicles. They are all dispatched from the same office and in the same manner. They share the same break room and are granted the same access to the Employer's facility. When EMTs and paramedics are awaiting licensure from the state, they will drive the medicar vans. Moreover, while the EMTs and paramedics certainly receive more training and possess the skills to provide medical services, the basic function of the medicar drivers is the same as that of the EMTs and paramedics -- transport of clients from point A to point B. The Employer's operations are focused on transporting people to and from various places, whether it is a hospital or a doctor's appointment. Further, the Employer did not proffer any evidence to show that the medicar drivers receive hourly wages or benefits substantially different from those of the EMTs and paramedics. In balancing the various community of interest factors, I find that the Employer has not met the heavy burden to show that including the medicar drivers would be inappropriate under the Act. Therefore, the medicar drivers are included in the directed unit¹⁷.

Having included the medicar drivers in the unit, I must also include the one medicar dispatcher in the directed unit. The medicar dispatcher performs the same functions as the EMT and paramedic dispatchers and call takers. He shares the same supervision, operates from the same room, uses the same equipment, and wears the same uniform as the EMT and paramedic dispatchers and call takers. Just as the EMT and paramedic dispatchers and call takers are functionally integrated with the EMTs and paramedics, so is the medicar dispatcher functionally integrated with the medicar drivers. The calls for wheelchair assistance begin with the dispatcher, and are then routed to the medicar drivers. The medicar drivers cannot complete their daily assignments without the active involvement of their dispatcher. Considering a unit of EMTs, paramedics, medicar drivers, and EMT and paramedic dispatchers and call takers, it would be nonsensical and inappropriate to exclude the medicar dispatcher from the unit. Therefore, the medicar dispatcher is included in the directed unit.

V. Direction of Election

An election by secret ballot shall be conducted by the undersigned among the employees in the unit(s) found appropriate at the time and place set forth in the notice of election to be

¹⁷ The Employer's argument that the technical employees should constitute a separate unit is incomplete. As explained in *Park Manor*, *infra*, a finding of technical status does not automatically lead to exclusion from a broader unit. Rather, whether or not technical employees should constitute a separate unit depends on their relationship with other employees. Since the petitioned-for medicar drivers share a community of interest with the technical employees (EMTs, paramedics and EMT and paramedic dispatchers and call takers), they should be included together in a broader unit.

issued subsequently, subject to the Board's Rules and Regulations. Eligible to vote are those in the unit(s) who were employed during the payroll period ending immediately preceding the date of this Decision, including employees who did not work during that period because they were ill, on vacation, or temporarily laid off. Employees engaged in any economic strike, who have retained their status as strikers and who have not been permanently replaced are also eligible to vote. In addition, in an economic strike which commenced less than 12 months before the election date, employees engaged in such strike who have retained their status as strikers but who have been permanently replaced, as well as their replacements are eligible to vote. Those in the military services of the United States may vote if they appear in person at the polls. Ineligible to vote are employees who have quit or been discharged for cause since the designated payroll period, employees engaged in a strike who have been discharged for cause since the commencement thereof and who have not been rehired or reinstated before the election date, and employees engaged in an economic strike which commenced more than 12 months before the election date and who have been permanently replaced. Those eligible shall vote whether or not they desire to be represented for collective bargaining purposes by International Association of EMTs and Paramedics, SEIU/NAGE.

VI. Notices of Election

Please be advised that the Board has adopted a rule requiring election notices to be posted by the Employer at least three working days prior to an election. If the Employer has not received the notice of election at least five working days prior to the election date, please contact the Board Agent assigned to the case or the election clerk.

A party shall be estopped from objecting to the non-posting of notices if it is responsible for the non-posting. An employer shall be deemed to have received copies of the election notices unless it notifies the Regional Office at least five working days prior to 12:01 a.m. of the day of the election that it has not received the notices. *Club Demonstration Services*, 317 NLRB 349 (1995). Failure of the Employer to comply with these posting rules shall be grounds for setting aside the election whenever proper objections are filed.

VII. List of Voters

To insure that all eligible voters have the opportunity to be informed of the issues in the exercise of their statutory right to vote, all parties to the election should have access to a list of voters and their addresses which may be used to communicate with them. *Excelsior Underwear, Inc.*, 156 NLRB 1236 (1966); *N.L.R.B. v. Wyman-Gordon Company*, 394 U.S. 759 (1969). Accordingly, it is directed that 2 copies of an eligibility list containing the full names and addresses of all the eligible voters must be filed by the Employer with the Regional Director within 7 days from the date of this Decision. *North Macon Health Care Facility*, 315 NLRB 359, fn. 17 (1994). The Regional Director shall make this list available to all parties to the election. In order to be timely filed, such list must be received in Region 13's Office, 209 South LaSalle Street, 9th Floor, Chicago, Illinois 60604, on or before September 8, 2006. No extension of time to file this list will be granted except in extraordinary circumstances, nor shall the filing of a request for review operate to stay the requirement here imposed. Failure to comply with this requirement shall be grounds for setting aside the election whenever proper objections are filed.

VIII. Right to Request Review

Under the provisions of Section 102.67 of the Board's Rules and Regulations, a request for review of this Decision may be filed with the National Labor Relations Board, addressed to the Executive Secretary, 1099 14th Street NW, Washington, DC 20005-3419. This request must be received by the Board in Washington by September 15, 2006.

DATED at Chicago, Illinois this 1st day of September, 2006.

Acting Regional Director
National Labor Relations Board
Region 13
209 South LaSalle Street, 9th Floor
Chicago, Illinois 60604

CATS — Unit _Health Care
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